

Return this dispute response to:						Date Received: 06-08-2016					
TransUnion LLC						Control #: 358818975009001					
2 Baldwin Place, Crum Lynae, PA, 19022											
FAX #:						FCRA Response Due Date: 07-04-2016					
Account Number: 1003203643						Response Date:					
Subscriber Code: Specialized Loan Servicing LLC/28HS001						Response Code: 01:Account information accurate as of date reported					
On the lines below, S indicates the Response element is the Same as in the Request; D indicates it is Different, and U indicates it is Unknown.											
Request Data						Verif Ind	Response Data				
First Name: LISA							First Name:				
Middle Name: E							Middle Name:				
Last Name: PHILLIPS							Last Name:				
Generation Code:							Generation Code:				
Address: 707 ROCK CREEK RD, CHARLOTTESVILLE, VA, 22903-3835							Address:				
Prev First Name:							Prev First Name:				
Prev Middle Name:							Prev Middle Name:				
Prev Last Name:							Prev Last Name:				
Prev Generation Code:							Prev Generation Code:				
Prev. Address: 2340 11TH ST N APT 202, ARLINGTON, VA, 22201-5815							Prev. Address:				
SSN: 530-96-2939							SSN:				
DOB: 02-27-1982							DOB:				
Telephone Number: (702) 348-4073							Telephone Number:				
2nd Prev. Address: 6027 BRICE PARK DR APT 16, CANAL WINCHESTER, OH, 43110-9039											
Consumer States/Comments:											
Dispute Code 1:		105:Disputes Date of Last Payment/Date Opened/Date of First Delinquency/Date Closed. Verify all dates.									
Dispute Code 2:											
FCRA Relevant Information:		cons claims first delinquency date is incorrect n correct date should be 09/2009									
Account Status	Pay. Rate	MOP	Cond./Cumm. Status			Date Opened	Balance	Amount Past Due	High Cr./Org.	Credit Limit	Original Charge-Off Amount
13	L					11-21-2006	\$0	\$0	\$77765		\$75966
Account Type	Interest Type	Port. Type	Term Dur.	Freq.	Date of Account Information	Date Closed	Date of Last Payment	Sch. Payment	ECOA	CII	FCRA DOFD
5B		M	360	M	06-30-2011	06-30-2011	08-26-2009	\$660	1		06-30-2011
Compliance Condition Code		SCC	Original Cr. Name				Original Cr. Class	Spec. Payment Ind.	Deferred Start Date	Balloon Date	Balloon Amount
		BA									
Agency ID	Sec. Marketing Agency Account #		Mortgage ID			Actual Payment		Portfolio Indicator	Purchased from/Sold to		
Remarks:									DF Contact #:		

Account History – Request												
Month	Dec	Nov	Oct	Sep	Aug	Jul	Jun	May	Apr	Mar	Feb	Jan
2016												
2015	D	D	D	D	D	D	D	D	D	D	D	D
2014	D	D	D	D	D	D	D	D	D	D	D	D
2013	D	D	D	D	D	D	D	D	D	D	D	D
2012	D	D	D	D	D	D	D	D	D	D	D	D
2011	D	D	D	D	D	D	D	3	D	D	D	D
2010	B	-	-	-	-	-	-	-	-	-	-	-
2009	-	-	-	-	-	-	-	-	-	-	-	-

Account History – Response												
Month	Dec	Nov	Oct	Sep	Aug	Jul	Jun	May	Apr	Mar	Feb	Jan
2016								D	D	D	D	D
2015	D	D	D	D	D	D	D	D	D	D	D	D
2014	D	D	D	D	D	D	D	D	D	D	D	D
2013	D	D	D	D	D	D	D	D	D	D	D	D
2012	D	D	D	D	D	D	D	D	D	D	D	D
2011	D	D	D	D	D	D	D	3	D	D	D	D
2010	B	-	-	-	-	-	-	-	-	-	-	-
2009	-	-	-	-	-	-	-	-	-	-	-	-

Associated Consumer 1				Associated Consumer 2			
Name:				Name:			
Address:				Address:			
SSN:		DOB:		SSN:		DOB:	
Telephone Number:				Telephone Number:			
ECOA/Consumer Information Indicator: /				ECOA/Consumer Information Indicator: /			
Images Information							
Associated Images:		No	Image Access Indicators:		#1	#2	#3

Submitted By: Abigail Rivera

Date: 06-20-2016

By submitting this ACDV, you certify that you have verified the accuracy of the data in compliance with all legal requirements, and your computer and/or manual records will be adjusted to reflect the changes noted.